



Commercial General Liability Certificate of Insurance Request

Sport Organization: Manitoba Gymnastics Association

Club Name: _____

Club Contact: _____

Club Address: _____

Additional Details (If Applicable)

Event Name: _____

Event Location: _____

Event Dates: _____

Other: _____

Please forward your certificate request to Regan Bint – mga@sportmanitoba.ca. It will be processed and returned to you within 1 week.